		DEPARTMENT	ATE OF UTAH OF NATURAL RES F OIL, GAS AND I				FOR AMENDED REPOR		
APPLICATION FOR PERMIT TO DRILL						1. WELL NAME and NUMBER Federal 12-23-6-20			
2. TYPE OF WORK DRILL NEW WELL REENTER P&A WELL DEEPEN WELL DEEPEN WELL					3. FIELD OR WILDCAT UNDESIGNATED				
4. TYPE OF WELL Oil Well Coalbed Methane Well: NO						5. UNIT or COMMUNITIZATION AGREEMENT NAME			
6. NAME OF OPERATOR NEWFIELD PRODUCTION COMPANY						7. OPERATOR PHONE 435 646-4825			
8. ADDRESS OF OPERATOR Rt 3 Box 3630 , Myton, UT, 84052						9. OPERATOR E-MAIL mcrozier@newfield.com			
10. MINERAL LEASE NUMBER (FEDERAL, INDIAN, OR STATE) UTU-74414	11. MINERAL OWNERSHIP FEDERAL INDIAN STATE FEE				12. SURFACE OWNERSHIP FEDERAL INDIAN STATE FEE				
13. NAME OF SURFACE OWNER (if box 12 = 'fee')						14. SURFACE OWNER PHONE (if box 12 = 'fee')			
15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')						16. SURFACE OWNER E-MAIL (if box 12 = 'fee')			
17. INDIAN ALLOTTEE OR TRIBE NAME (if box 12 = 'INDIAN')		18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS YES (Submit Commingling Application) NO				19. SLANT VERTICAL DIRECTIONAL HORIZONTAL			
20. LOCATION OF WELL	FOO	TAGES	QTR-QTR	SECTI	ON	TOWNSHIP	RANGE	MERIDIAN	
LOCATION AT SURFACE 1470 FS		L 755 FWL	NWSW	23		6.0 S	20.0 E	S	
Top of Uppermost Producing Zone 1470 FS		L 755 FWL	NWSW	23		6.0 S	20.0 E	S	
At Total Depth 1470 FS		L 755 FWL	NWSW	23		6.0 S	20.0 E	S	
21. COUNTY UINTAH 22. DISTANCE TO NEARE			EAREST LEASE LIN 775						
	25. DISTANCE TO NEAREST WELL IN SAME POOL (Applied For Drilling or Completed) 2074				26. PROPOSED DEPTH MD: 8160 TVD: 8160				
27. ELEVATION - GROUND LEVEL 4909		28. BOND NUMBER WYB000493				29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE 439077			
	<u> </u>	АТ	TACHMENTS						
VERIFY THE FOLLOWING	ARE ATTACHE	D IN ACCORDANC	CE WITH THE U	TAH OIL A	AND G	AS CONSERVATI	ON GENERAL RI	JLES	
WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER				COMPLETE DRILLING PLAN					
AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)				FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER					
DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)				TOPOGRAPHICAL MAP					
NAME Mandie Crozier	TITLE Regulatory Tech			PHON	PHONE 435 646-4825				
SIGNATURE		DATE 08/10/2010 EM			EMAI	MAIL mcrozier@newfield.com			
API NUMBER ASSIGNED 43047512300000	APPROVAL			B	200 Cylll				
	Permit Manager								

